



# WHY DON'T PEOPLE GET SCREENED FOR CANCER



## Summary of Peterborough Focus Groups

### Reaching Under- and Never-Screened Populations, Provincial Project

**Our Goal:** To increase the number of people getting screened for colorectal, breast and cervical cancer in Ontario. We are working with communities in Ontario to:

- 1) **Identify who are the never and under screened (UNS)**, what **stops** them from getting screened and what might **help** them get screened in the future.
- 2) Identify, develop and implement sustainable **interventions** to increase screening.

Provincial cancer screening data indicate that Peterborough's screening rates are low for colorectal, breast and cervical cancer in the *downtown core*.

**Peterborough Activities to Date:** In April/May 2012 we conducted focus groups with Peterborough healthcare providers and UNS community members. Two of the community focus groups were men about 50 years old and older, and two groups were women aged 18 and older. Focus groups included 10-12 participants and two or three facilitators. Focus group voice recordings were transcribed and analyzed for themes regarding the barriers and facilitators to screening in the community.

#### **Main findings from the healthcare provider interview:**

- The UNS of the downtown core are individuals with low-income and/or in crisis and/or immigrants with or without Canadian status.
- Barriers: acute priorities (e.g. necessities of life), issues of immigration (e.g. lack of healthcare system knowledge, difficult with language and communication), distance to clinic (e.g. transportation/cost), doctors (failure to inform/remind patients), message confusion from frequently changing guidelines.
- Facilitators: need-specific screening options for the distinct sub-populations within the UNS (e.g. people with issues of mental health) and awareness/education (help people feel importance and agency to get screened).

#### **Main findings from the UNS downtown core community members**

- Barriers/Facilitators:
  - Distance: financially, physically and psychologically challenging to travel to screening facilities outside of the downtown.
  - Information: lack of information from healthcare providers, getting information too late in life, and only sharing information via trusted relationships.
  - Fear: sense that death is inevitable and screening will just speed up the inevitable, and fear of the unknown elements of screening (males in regards to colonoscopy).
  - Responsibility: responsibility for own health while lacking control over own health.
  - Disempowerment: females lack self advocacy for own health and tended to concede to the perceived reality that they are not in control of their health.

#### **Next Steps**

- Use evidence to develop and implement sustainable **interventions**

